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MEDICAL SUPPLIES FOR CARE

November 3, 1994

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Office of Employee Benefits Security
Labor Management Service Administration
U.S. Department of Labor
Washington, D.C. 20216

RE: Notice of Plan(s) of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-233, the undersigned Employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

Shield Health Care Centers
24700 Avenue Rockefeller
Valencia, CA 91355

2. Federal Employer Identification No. (EIN):

95-1940459

3. The Employer maintains one deferred compensation plan primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees.

4. One (1) employee is covered by such plan(s).

Very truly yours,

James W. Snell, President

BERKELEY 2567 SHATTUCK AVE. BERKELEY, CA 94704 (510) 848-1023 (510) 848-1044 FAX	DENVER 2452 S. TRENTON WY. STE. P DENVER, CO 80231 (303) 745-1002 (303) 745-3002 FAX	DOWNEY 7700 IMPERIAL HWY. DOWNEY, CA 90242 (310) 803-0200 (310) 803-0755 FAX	SACRAMENTO 1791 TRIBUTE RD. STE. F SACRAMENTO, CA 95815 (916) 920-4500 (916) 920-4791 FAX	SAN DIEGO 4340 VIEWRIDGE AVE. STE. C SAN DIEGO, CA 92123 (619) 565-8833 (619) 277-4682 FAX	SAN JOSE 545 MERIDIAN AVE. STE. D SAN JOSE, CA 95126 (408) 288-6300 (408) 288-5565 FAX	VALENCIA 24700 AVE. ROCKEFELLER VALENCIA, CA 91355 (805) 294-4200 (805) 294-1042 FAX
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